

Dental Benefits Summary

January 1 – December 31, 2019



Your Dentist Network Options:	Delta Dental PPO SM	Delta Dental Premier [®]	Out-of-Network
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BENEFIT PAID (% PLAN PAYS)

ENHANCED BENEFIT <i>Applies when you have had at least one routine cleaning and/or preventive oral exam in the past 12 months.</i>			
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Diagnostic & Preventive Services <i>(exams, cleanings, X-rays, sealants, fluoride, space maintainers)</i>	100%	100%	100%*
Basic Restorative Services <i>(fillings, root canals, oral surgery, gum disease treatment)</i>	80%	60%	60%*
Major Restorative Services <i>(crowns, bridges, dentures)</i>	50%	50%	50%*
Implant Coverage	50%	50%	50%*

BASIC BENEFIT <i>Applies when you <u>have not</u> had at least one routine cleaning and/or preventive oral exam in the past 12 months.</i>			
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Diagnostic & Preventive Services <i>(exams, cleanings, X-rays, sealants, fluoride, space maintainers)</i>	100%	100%	100%*
Basic Restorative Services <i>(fillings, root canals, oral surgery, gum disease treatment)</i>	50%	50%	50%*
Major Restorative Services <i>(crowns, bridges, dentures)</i>	40%	30%	30%*
Implant Coverage	40%	30%	30%*

YOUR ANNUAL BENEFIT MAXIMUM

\$1,700 per member

YOUR DEDUCTIBLE

\$50 per person, per Plan Year (Not to exceed a yearly family maximum of \$150) Deductible does not apply to Diagnostic & Preventive Services
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YOUR ORTHODONTIA LIFETIME BENEFIT MAXIMUM

50% Coinsurance up to \$1,000 per member

*When dentists agree to become part of Delta Dental's PPO or Premier network, they agree to accept established fees for services, and cannot charge you the difference between the agreed-upon fee and their usual fee. Out-of-network dentists have not agreed to an established fee for service, therefore, any amounts in excess of Delta Dental's established fee for service is the member's responsibility when seeing an out-of-network dentist.

This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Please refer to your Benefits Booklet for complete coverage information, including exclusions and limitations. Coverage as described in the employer group's agreement to provide dental benefits (contract) is binding on all parties and supersedes all other written or oral communications.